TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))					Docket No. 17517		
In Re Application Of: Manabu Fujita et al.							
Application No.		Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/792,237		March 3, 2004	Philip Robert Smith	23389	3739	4668	
Title: CAPSULAR MEDICAL SYSTEM WITH WIRELESS COMMUNICATION							
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
37 CFR 1.97(b)							
1. 🛚	1. A The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.						
2.	37 CFR 1.97(c) The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:						
☐ the statement specified in 37 CFR 1.97(e);							
OR							
	☐ the t	fee set forth in 37 CF	[∓] R 1.17(p).				

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT Docket No. 17517 (Under 37 CFR 1.97(b) or 1.97(c)) In Re Application of: Manabu Fujita et al. Confirmation No. Group Art Unit Customer No. Examiner Application No. Filing Date 4668 3739 23389 **Philip Robert Smith** 10/792,237 March 3, 2004 Title: CAPSULAR MEDICAL SYSTEM WITH WIRELESS COMMUNICATION Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) is attached. A check in the amount of The Director is hereby authorized to charge and credit Deposit Account No. 19-1013/SSMP as described below. Charge the amount of X Credit any overpayment. Charge any additional fee required. ☐ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Certificate of Mailing by First Class Mail Certificate of Transmission by Facsimile* Pereby certify that this correspondence is being dem stify that this document and authorization to charge depart with the United States Postal Service with sufficient is being facsimile transmitted to the United lass mail in an envelope rademark Office (Fa as first Patent and "Commissioner of Patents, P.O. Box 1469, Alexandria, VA 22313-1450" [37 CFR 8(a)] on (Date) (Date) spondence nature of Person Mailing Corn Signature Typed or Printed Name of Person Signing Certific Typed or Printed Name of Person Mailing Certificate *This certificate may only be used if paying by deposit account. /Thomas Spinelli/ Dated: December 30, 2009 Signature **Thomas Spinelli** Reg. No. 39,533 SCULLY, SCOTT, MURPHY & PRESSER, P.C. 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343 TS:av

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